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PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	132384IT/YOD GEMS:0229	Total Pages	44
	First Named Inventor or Application Identifier Corey J. Lawson			
	Express Mail Label No. EV 410 034 319 US			

22388 U.S. PTO
10/723032



APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application, P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification Total Pages 22 <i>(preferred arrangement set forth below)</i> -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings <i>(if filed)</i> -Detailed Description -Claim(s) -Abstract of the Disclosure	6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i> 7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(where there is an assignee)</i> 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 3 Total Pages 9 4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: ____ / ____		

18. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label <input checked="" type="checkbox"/> Correspondence address below <div style="border: 1px dashed black; height: 20px; width: 100%;"></div> <i>(Insert Customer No. or Attach bar code label here)</i>					
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ADDRESS	P.O. Box 692289				
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PTO/SB/17 (10/96)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL		Complete if Known			
		Application Number	unassigned		
		Filing Date	herewith		
		First Named Inventor	Corey J. Lawson		
		Group Art Unit	unknown		
		Examiner Name	unknown		
TOTAL AMOUNT OF PAYMENT		(\$) 1,646.00		Attorney Docket Number	132384IT/YOD (GEMS:0229)

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																																																	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 50-2401/13284IT/YOD (GEMS:0229) Deposit Account Name GE Medical Systems <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)				3. ADDITIONAL FEES																																																																																																																																																																																	
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SUBMITTED BY		Complete (if applicable)			
Typed or Printed Name	Patrick S. Yoder	Reg. Number	37,479		
Signature		Date	November 26, 2003	Deposit Acct. User ID	50-2401/132384IT/YOD (GEMS:0229)